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B. Webb
12/19/01

CERTIFICATE OF FACSIMILE TRANSMISSION

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Name (Print/Type) Steven F. Goldstein Signature *Steven F. Goldstein* Date 11-20-2001

TRANSMITTAL

☒ Small Entity ☐ Large Entity

Application Number 09/628,494
Confirmation Number N/A
Filing Date July 28, 2000
First Named Inventor Emmanuel Mignot
Examiner J. Souaya
Group Art 1655
Attorney Docket No. STAN147

ENCLOSED:

☒ Amendment Under Rule

☒ 37 CFR § 1.115 & 1.142
☒ Pages 8

Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
Total	18	44	0		\$ -
Independent	3	14	0		\$ -
Multiple					
Total Extra Claim Fees					\$ -

☒ Applicants Petition for an Extension of time from 10-21-2001 to 11-21-2001 Fee \$55.00
A month extension was previously filed and paid for thereby reducing the basic fee

☐ Response to File Missing Parts (with copy of formalities letter)

☐ Filing Fee

☐ Executed Declaration

☐ Other

Pages _____

Fee _____

Surcharge Fee _____

Fee _____

Fee _____

Fee _____

Fee _____

Subtotal \$ -

☐ Information Disclosure Statement

☐ PTO Form 1449

Pages _____

☐ _____ Copies of Cited References

☐ Other

Fee _____

Subtotal \$ -

☐ Response to Notice to Comply (with copy of Notice to Comply)

☐ Sequence Listing Certification

☐ Paper Copy of Sequence Listing

Pages _____

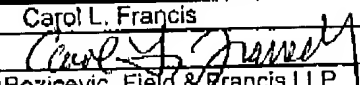
☐ Diskette in computer-readable format

Fee _____

☐ 35. Other

12/19/2001 DDENR 00000002 500015 09628494

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<input type="checkbox"/> Terminal Disclaimer		Fee
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group		
<input type="checkbox"/> Notice of Appeal	Pages	Fee
<input type="checkbox"/> Appeal Brief in Triplicate	Pages	Fee
<input type="checkbox"/> Reply Brief	Pages	Fee \$ -
		Subtotal \$ -
<input type="checkbox"/> Other Enclosures and/or Fees		Fee
<input type="checkbox"/> Change of Correspondence Address		
<input checked="" type="checkbox"/> Return Receipt Postcard		
TOTAL FEES		\$55.00
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</p>		
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED		
Name (Print/Type)	Carol L. Francis	Registration No. 36,513
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Application No.

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Attorney Docket No.

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